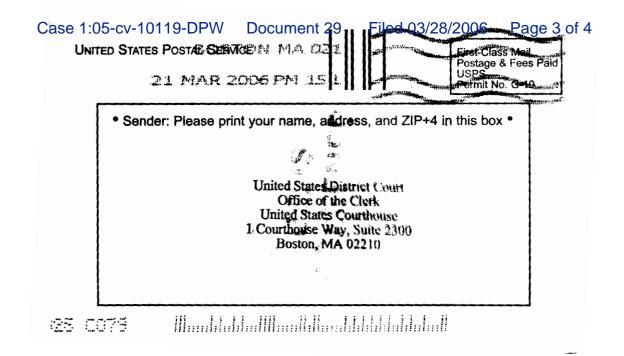


| Case 1:05-cv-10119-DPW Document 29 SENDER: COMPLETE THIS SECTION | Filed 03/28/2006 Pridge 2 of 4 complete this section on delivery |
|--|--|
| Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailping or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: | If YES, enter delivery address below: |
| 3 fenhanter 59 Boston M. 02108 | |
| | 4. Restricted Delivery? (Extra Fee) Yes |
| Article Number (Transfer from service label) | |

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004



Case 1:05-cv-10119-DPW Dogument 29, 9 Filed 03/28/2006 Page 4 of 4 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Pate of Delivery ر B. Received by (Printed Name) Attach this card to the back of the mailpiece, - 2 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Supple Spenor Court

3 Penderton Sq

305ton Ma 02108 3. Service Type ☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540